		D . D. D	EEE(C) TD	A NICAMETERS A E			
AUG 2 3 2004	h)s form, together w	pplicable fe	e(s), to: <u>Mail</u> or <u>Fax</u>	(703) 746-4000	ginia 22313-1450	A .	
INSTRUCTIONS: This fore should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate All further categorishment for transmitting the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated units required below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.							
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)  36257 7590 05/20/2004  PARSONS HSUE & DE RUNTZ LLP 655 MONTGOMERY STREET SUITE 1800 SAN FRANCISCO, CA 94111				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.  Mary E. Buggie (Depositor's name)			
				August 18	3, 2004	(Date)	
APPLICATION NO.	FILING DATE	F	IRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/649,312 TITLE OF INVENTION: M	08/26/2003 IEMORY PACKAGE SMALL ENTITY	ISSUE FE	Robert F. Wall	PUBLICATION FEE	SNDK.271US1	5392  DATE DUE	
		\$1330		\$300	\$1630	08/20/2004	
nonprovisional	NO	\$1330		2300	21030	08/20/2004	
EXAMINER		ART UNI	Т	CLASS-SUBCLASS	j		
CLARK, SHEILA V 281:				438-109000			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address form PTO/SB/122 attached.  The Address form PTO/SB/123 attached.				print or type)			
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
SanDisk Corporation Sunnyvale, CA  Please check the appropriate assignee category or categories (will not be printed on the patent); Dindividual Corporation or other private group entity Disposers.							
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):							
Sissue Fee A check in the amount of the fee(s) is enclosed.							
<ul> <li>☑ Publication Fee</li> <li>☑ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ Advance Order - # of Copies3</li> <li>☑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment of the posit Account Number502664</li></ul>							
Director for Patents is reques	sted to apply the Issue Fee a		•		ssue fee to the application ide		
NOTE; The Issue Fee and other than the applicant; interest as shown by the retain a benefit obtain or retain a benefit	rsons, Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg.	ent; or the assigned tent and Trademark 1.311. The inform 1.312 CFB L1	epted from anyone or other party Office.  ation is required PTO to process) a	08/24/2004 P	BIZUNE2 00000128 10649 1	312 300.00 OP 330.00 OP 9.00 OP	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.